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KEATING & BENNETT LLP

Fax

To:	Examiner J. Chang	From:	Christopher A. Bennett
Fax:	703-872-9318	Date:	September 10, 2003
Phone:	703-308-4800	Pages:	16
Re:	09/995,644	CC:	
	36856.579		

Comments:

Examiner Chang,

Please find attached the following documents for the above-identified application:

1. Amendment
2. Petition for 3-month Extension of Time;
3. Credit card form payment in the amount of \$930.00;
4. Form PTO-1083; and
5. Credit card form payment in the amount of \$636.00

Respectfully submitted,



Christopher A. Bennett

(Reg. No.,46,710)

MODIFIED FORM PTO-1083

Attorney Docket No. 36856.579

Date: September 10, 2003

Inventor(s): Ken SAKAI

Serial No. : 09/995,644

Filed : November 29, 2001

For : OSCILLATOR AND COMMUNICATION APPARATUS USING SAME

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified patent application.

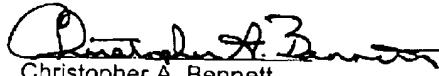
- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT. EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE		OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
TOTAL CLAIMS 46	20 =	-26-	X 9	\$	OR	X 18	\$ 468.00
INDEP CLAIMS 5	3 =	-2-	X 42	\$	OR	X 84	\$ 168.00
FIRST PRESENTATION OF MULTIPLE DEP CLAIMS			X+ 130	\$	OR	+ 260	\$ -0-
				TOTAL =			TOTAL = \$ 636.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.
- Please charge my Deposit Account No. 50-1353 the amount of \$ _____. A duplicate copy of this transmittal letter is enclosed.
- A check in the amount of \$ _____ to cover the extension fee is enclosed.
- A Credit Card Payment Form in the amount of \$636.00 to cover the additional claims is enclosed..
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1353. A duplicate copy of this transmittal letter is enclosed.
- Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



Christopher A. Bennett
Reg. No. 46,710

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PTO-2038 (02-2000)

Approved for use through 01/31/2003. OMB 0651-0043
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UNITED STATES PATENT & TRADEMARK OFFICE
Credit Card Payment Form
Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type:	Visa	Master Card	<input checked="" type="checkbox"/> American Express	Discover
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Credit Card Account #: 3715 318560 14001

Credit Card Expiration Date: 05/2006

RECEIVED
CENTRAL FAX CENTER

Name as it Appears on Credit Card: Joseph R. Keating

SEP 11 2003

Payment Amount: \$ (US Dollars): \$930.00

Signature: 

Date: September 10, 2003

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).

Credit Card Billing Address

Street Address 1: 1733-A South Hayes Street

Street Address 2:

City: Arlington

State: VA

Zip/Postal Code: 22202

Country: U.S.A.

Daytime Phone #: (703) 385-5200

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Request and Payment Information

Description of Request and Payment Information:

Fee for Three-Month Extension of Time

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/995,644	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No	Registration No.	
Attorney Docket No. 36856.579		Identify or Describe Mark	

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